

J.G. Harrington
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REDACTED FOR PUBLIC INSPECTION

June 22, 2015

VIA HAND DELIVERY

Accepted / Filed

Marlene H. Dortch, Esquire
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Suite TW-A325
Washington, D.C. 20554

JUN 22 2015

Federal Communications Commission
Office of the Secretary

Re: Cox Communications, Inc. and Its Affiliates
WC Docket Nos. 10-90 and 11-42
2015 Form 481 Filings
Request for Confidentiality

Dear Ms. Dortch:

Cox Communications, Inc. (Cox), by its attorney and pursuant to Section 0.459 of the Commission's rules,¹ hereby requests that the Commission afford confidential treatment to designated portions of the attached Form 481 reports being filed on behalf of affiliates of Cox. The confidential version of this submission is being filed with the Secretary's Office and the public version is being filed with the Secretary's Office and via ECFS.

This request is limited to specific information relating to unfulfilled service requests, customer complaints and outages contained in three of the fourteen reports being filed by Cox.² Cox requests confidentiality on two grounds. First, the information contained in these exhibits is commercially sensitive to Cox. The reports include specific information on the number of times Cox denied service to customers and how it determines when it can provide service, how often customers complained and the origins, extents and resolution of service outages. This

¹ 47 C.F.R. § 0.459.

² The affected reports concern Cox Georgia Telcom, LLC, Cox Louisiana Telcom, LLC and Cox Oklahoma Telcom, LLC. The confidential information is in lines 300 and 410; in the attachment concerning Cox's process for considering service requests; and in the table on page 15 of the reports of the reports for each of these entities.

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Marlene H. Dortch

June 22, 2015

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information would be valuable to competitors that could use it in devising marketing plans and other competitive responses to Cox. As a consequence, Cox does not release any of this information to the public and takes specific steps to maintain the security of this information within the company.

Second, this information already is treated as confidential by the other entities receiving it, including the Universal Service Administrative Company and the relevant state regulators. Disclosure of this information would affect the other entities' ability to obtain relevant data from the companies they regulate because they would know any data they filed would be subject to disclosure at the Commission. Further, outage data already is treated as confidential by the Commission when it is submitted to the Commission's Network Outage Reporting System.

Each of these grounds is sufficient under Section 0.457(d) of the Commission's rules³ to maintain the confidentiality of the designated section of the Section 54.313 report. For these reasons, Cox requests that the Commission maintain the confidentiality of the designated section of Cox's Section 54.313 report.

Please inform me if any questions should arise in connection with this request.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "J.G. Harrington", written over a horizontal line.

J.G. Harrington

Counsel to Cox Communications

³ 47 C.F.R. § 0.457(d).

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jgharrington@cooley.com

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Federal Communications Commission
Office of the Secretary

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

**Re: Cox Communications, Inc. and Its Affiliates
WC Docket Nos. 10-90 11-42 and 14-58
2015 Form 481 Filings**

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's rules Cox Communications, Inc. ("Cox"), by its attorney, hereby submits its Form 481 reports for 2015 for the affiliates listed below.

Filings are being submitted on behalf of the following entities:

- Cox Arizona Telcom, LLC (SPIN 143014467, SAC 459012)
- Cox Arkansas Telcom, LLC (SPIN 143022568, SAC 409029)
- Cox California Telcom, LLC (SPIN 143000014, SAC 549017)
- Cox Connecticut Telcom, LLC (SPIN 143016029, SAC 139001)
- Cox Florida Telcom LP (SPIN 143002897, SAC 219019)
- Cox Georgia Telcom, LLC (SPIN 143008929, SAC 229011)
- Cox Iowa Telcom, LLC (SPIN 143018824, SAC 359019)
- Cox Kansas Telcom, LLC (SPIN 143006715, SAC 419021)
- Cox Louisiana Telcom, LLC (SPIN 143016765, SAC 279011)
- Cox Nebraska Telcom II, LLC (SPIN 143015410, SAC 379001)
- Cox Nevada Telcom, LLC (SPIN 143017743, SAC 559017)



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- Cox Oklahoma Telcom, LLC (SPIN 143005575 SAC 439003)
- Cox Rhode Island Telcom, LLC (SPIN 143017674, SAC 589001)
- Cox Virginia Telcom, LLC (SPIN 143000013, SAC 199018)

These filings were submitted to the Universal Service Administrative Company via electronic filing on June 10, 2015 and will be submitted to the state regulators in the other states served by these companies on or before July 1, 2015 or per applicable local rule.

Please inform me if any questions should arise in connection with this submission.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "J.G. Harrington", written over a light blue horizontal line.

J.G. Harrington

Counsel to Cox Communications, Inc.

Attachments (14)

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Paul Cain
<035> Contact Telephone Number: Number of the person identified in data line <030>	4042698139 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	paul.cain@cox.com

Accepted / Filed

JUN 22 2015

 Federal Communications Commission
 Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
-------	-----------------	--------

<015>	Study Area Name	Cox Florida Telcom LP
-------	-----------------	-----------------------

<020>	Program Year	2016
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
-------	---	-----------

<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
-------	---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> paul.cain@cox.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com
<810>	Reporting Carrier	Cox Florida Telcom, LP
<811>	Holding Company	Cox Communications, Inc
<812>	Operating Company	Cox Florida Telcom, LP

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telecom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.cox.com/residential/phone/lifeline.cox>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	
<020>	Program Year	COX Florida Telecom LP
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	PAUL CAIN
<039>	Contact Email Address - Email Address of person identified in data line <030>	4042698133 ext.
		paul.cain@cox.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment {47 CFR § 54.313(b)(1)iii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Paul Cain
<035> Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Data Collection Form

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Paul Cain
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Paul Cain
<035> Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Cox Florida Telcom LP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/10/2015
Printed name of Authorized Officer: Joiava Philpott	
Title or position of Authorized Officer: VP, Regulatory Affairs	
Telephone number of Authorized Officer: 4042690983 ext.	
Study Area Code of Reporting Carrier: 219019	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	219019
<015> Study Area Name	Cox Florida Telcom LP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Paul Cain
<035> Contact Telephone Number - Number of person identified in data line <030>	4042698139 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	paul.cain@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments